

**APPLICATION DATA SHEET**

Electronic Version v14  
Stylesheet Version v14.0

<b>Title of Invention</b>	MEDICAL DEVICE WITH VARYING PHYSICAL PROPERTIES AND METHOD FOR FORMING SAME		
Application Type: regular, utility			
Attorney Docket Number: S63.2-11462-US01			
Correspondence address: <b>Customer Number:</b> 490 <b>*490*</b>			
Continuing Data: This is a Continuation-in-part of US application number 10/749821, filed 2003-12-31 , now Pending.			
Inventors Information:			
<b>Inventor 1:</b>			
Applicant Authority Type: Inventor			
Citizenship: US			
Given Name: Robert			
Family Name: Burgmeier			
City of Residence: Plymouth			
State of Residence: MN			
Country of Residence: US			
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Address-2 of Mailing Address:			
City of Mailing Address: Plymouth			
State of Mailing Address: MN			
Postal Code of Mailing Address: 55447			

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**

**Inventor 2:**

**Applicant Authority Type:** Inventor

**Citizenship:** US

**Given Name:** Richard

**Middle Name:** L.

**Family Name:** Goodin

**City of Residence:** Blaine

**State of Residence:** MN

**Country of Residence:** US

**Address-1 of Mailing Address:** 12801 Harpers Street N.E.

**Address-2 of Mailing Address:**

**City of Mailing Address:** Blaine

**State of Mailing Address:** MN

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**Country of Mailing Address:** US

**Phone:**

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**Inventor 3:**

**Applicant Authority Type:** Inventor

**Citizenship:** US

**Given Name:** Joseph

**Family Name:** Delaney

**Name suffix:** Jr.

**City of Residence:** Minneapolis

**State of Residence:** MN  
**Country of Residence:** US  
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**Address-2 of Mailing Address:**  
**City of Mailing Address:** Minneapolis  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55407  
**Country of Mailing Address:** US  
**Phone:**  
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**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Larry  
**Family Name:** Peterson  
**City of Residence:** Champlin  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 9242 Lake Side Trail  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Champlin  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55316  
**Country of Mailing Address:** US  
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**Attorney Information:**

Name	Registration Number
Mr. Walter J. Steinkraus	29592

**Assignee 1:**

**Organization Name:** Scimed Life Systems, Inc.

**Address-1 of Mailing Address:** One Scimed Place

**Address-2 of Mailing Address:**

**City of Mailing Address:** Maple Grove

**State of Mailing Address:** MN

**Postal Code of Mailing Address:** 55311

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